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**APPLICANTS**

Doris Hjorth Hansen, Chiaverano, ITALY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IB03/06395 11/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0227838.0 11/29/2002

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

AIR MAIL

DORIS H. HANSEN  
 CASALE NASSIO SOPRA 15  
 1-10010 CHIAVERANO, ITALY,  
 DENMARK

**TITLE**

Post-operative vest

<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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